

FEDERAL TOBACCO CONTROL EFFORT

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INTRODUCTION

This document, along with the accompanying organizational chart, illustrates the breadth of the Federal government's tobacco control efforts. While it should not surprise anyone that the federal government is actively involved in the fight against tobacco consumption, the extent of their involvement is quite remarkable. To-date, 13 departments, commissions and agencies and 138 offices and programs within those federal organizations have been identified as participating in some way in tobacco control activities in the United States. The pages that follow detail the role of all identifiable Federal agencies and offices currently participating in such activities and serve as a substantiating document for the Federal Tobacco Control chart.

The chart and supporting document were developed by examining thousands of pages of congressional hearing testimony and departmental budgets, newspaper and journal articles, extramural Federal Research in Progress grants (which are primarily directed to leading universities) and by contacting agencies and offices directly for input. Inasmuch that the research process relied exclusively upon information available in the public realm, there are clearly additional agencies and offices that play a large (though perhaps less public) role in federal tobacco control that cannot be included herein. In this regard, the researchers chose to err on the conservative side and avoid selecting these or other agencies and offices that could not be directly linked to tobacco control activities.

The reader will want to know that oval boxes on the chart indicate individuals who have a seat on the Surgeon General's Interagency Committee on Smoking and Health -- the government's major coordinating organization for all tobacco control activities. Additional non-federal officials also serve on the Committee and are listed on the organizational chart.

It is important to understand that not all organizations listed on the chart or in the printed documentation participate in tobacco control in the same way. For instance, agencies and offices like the Department of Health and Human Services and the Department of Education are directly involved in activities to curtail and eliminate tobacco consumption among various constituencies (e.g., minorities, alcoholics, school children), while agencies such as the Food and Drug Administration may be more interested in defining the allegedly addictive qualities of tobacco for regulatory purposes. In addition, other less obvious agencies, such as the Departments of Labor and Transportation, are focused upon tobacco consumption bans within their jurisdiction (e.g., FAA and the airline smoking ban, OSHA and a workplace ban).

After extensive research, it is highly probable that no central source within or outside the Federal government exists that details the government's overall tobacco control effort. This chart and supporting document are probably the most extensive look at the government's involvement with the effort, and will undoubtedly change as the government's own initiatives adapt to political and financial dynamics.

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INTERAGENCY COMMITTEE ON SMOKING AND HEALTH

Overview

In ascertaining the extent of federal involvement in tobacco control efforts, perhaps the most useful source examined is the membership list for the Interagency Committee on Smoking and Health (see Appendix I). According to a 1991 article entitled "National Programs for Smoking Cessation," this group was established by the Comprehensive Smoking Education Act of 1984, and is chaired by the Surgeon General of the U.S. Public Health Service. Membership consists of 24 representatives from the federal government and 4 representatives from outside government -- primarily the academic and medical communities.

Tobacco Control Efforts

The Interagency Committee offers perhaps the clearest example of government-wide coordination of tobacco control efforts. According to a letter from the Committee's Executive Secretary, the group is:

...convened by the Surgeon General and provides advice to the Secretary [of HHS] on key issues related to tobacco use. These include the coordination of research, educational programs, and other activities within the Department which relate to the effect of smoking on human health, and on coordination of these activities with other federal, state, local and private agencies. The Committee was chartered to further establish and maintain liaison with appropriate private entities, other federal agencies, state and local agencies, and public agencies regarding activities relating to the effect of tobacco on human health. It is staffed and supported by the Centers for Disease Control's Office on Smoking and Health and meets in Washington, D.C. at least once yearly.

Current membership for the Committee can be found in Appendix 1 and demonstrates the breadth of the federal effort. Agencies that at first seem to have narrow jurisdiction over health issues are formally represented on the Committee, indicating they actually play a critical role in the comprehensive federal tobacco-control effort.

The Interagency Committee is the single most useful "road map" for tracking federal tobacco efforts. The group's self-stated "successes" in the areas of advertising, free cigarette sampling, smoking in the minority community and implementation of GSA smoking regulations make it clear their coordination procedures have been meeting with great success.

DEPARTMENT OF AGRICULTURE (USDA)

Overview

The USDA is a cabinet-level agency charged with (among numerous other activities) administering the federal government's extensive agricultural programs, providing crop research to producers and inspecting foods produced for the consumer public.

Tobacco Control Efforts

In addition to the well-known USDA activities in the area of tobacco price supports, marketing and export assistance, and crop insurance, three divisions within the USDA are involved in federal tobacco control activities: the Cooperative State Research Service; the Agricultural Research Service; and the Food and Nutrition Service.

As late as 1992, more than one-half of all tobacco research and extension funding was dedicated to "Health Related Research" through the Agricultural Research Service and the Cooperative State Research Service.¹ Such research activities were initiated after the 1964 Surgeon General's report "Smoking and Health," and are reportedly designed to "develop a tobacco that would be safer to the health of smokers."²

Though the large bulk of USDA tobacco research grants focus upon examining aspects of the tobacco plant and its relationship to health promotion and disease prevention, selected grants underway as of mid-1994 such as "The Effect of Parental Smoking and The Quality of Low Income Children's Diets, demonstrate that tobacco control funding also is awarded."³ Clearly, such research could be used by other federal agencies in refining their own tobacco-control efforts -- a point made even more convincing when one considers that the USDA's National Program Director for Plant Physiology serves on the Surgeon General's Interagency Committee on Smoking and Health.

Through the Women, Infants and Children (WIC) program, the USDA's Food and Nutrition Service also plays a role in tobacco control efforts. WIC actively works with the Centers for Disease Control and Prevention in developing educational materials and also encourages local clinics to promote smoking cessation for pregnant women and mothers.⁴

DEPARTMENT OF DEFENSE

Overview

The Department of Defense (DoD) is the largest employer in the federal government, with more than one million civilian employees and a monthly payroll of over \$2 billion.⁵ The scope of DoD's medical and health-promotion system directed toward these employees and other service personnel -- combined with the increased federal disposition toward health prevention -- makes this agency a significant participant in federal tobacco-control efforts.

Tobacco Control Efforts

DoD's role in federal tobacco control is largely manifested through the activities of six offices: 1) Assistant Secretary of Defense for Health Affairs; 2) Office of Professional Affairs and Quality

¹Jasper Womach, "Tobacco Programs of the U.S. Department of Agriculture: Their Operation and Cost," Congressional Research Service, June 8, 1992.

²Ibid.

³Federal Research in Progress, 1994.

⁴Testimony of George A. Braley, Acting Assistant Secretary of Food and Consumer Services, Food and Nutrition Service, USDA, before the House Appropriations Subcommittee on Agriculture, Rural Development, Food and Drug Administration and Related Agencies, March 24, 1993, Part 5, page 195.

⁵*Washington Business Journal*, June 16, 1992.

Assurance; 3) Office of the Surgeon General of the Air Force; 4) Office of the Surgeon General of the Army; 5) Office of the Surgeon General of the Navy; and 6) Deputy Director of Naval Medicine for Marine Corps Matters.

The DoD is exceedingly cautious about reporting the breadth of its tobacco control activities in written form. Indeed, only passing references are made in congressional testimony, and no source denotes expenditures for either the entire program or specific tobacco control provisions. But through personal phone interviews with key DoD officials and analysis of public records, it is clear that significant tobacco control efforts are and have been under way in recent years.

During testimony in 1993 before the House Appropriations Committee, Lieut. General Alexander Sloan, Surgeon General of the Air Force, acknowledged that: "We are aggressively pursuing a safe environment for smokers and nonsmokers, with the goal of a *tobacco-free Air Force* (emphasis added)."⁶ Later in the same hearing, Sloan announced that "Cigarette smoking in the Air Force is 29.2 percent, decreasing from 44.1 percent in 1982."⁷ In late 1990, then-Air Force Surgeon General Miller testified before the Senate Committee on Appropriations that between 1985 and 1988, the Air Force successfully reduced the number of active duty smokers by 10 percent -- a total reduction of 67,500 smokers.⁸

The 1989 U.S. Surgeon General's Report indicates that DoD funded "...\$97,000 in publications and \$324,000 in radio and television messages relating to smoking and health" in recent years, and received the assistance of other health agencies in distributing smoking and health information to servicemen. A 1991 article noted that the DoD program was designed to effect a 10-percent-per-year reduction in smoking rates while simultaneously limiting tobacco sales in commissaries and ending free distribution of cigarettes.⁹

The genesis of the DoD effort is established in 1991 testimony before the House Appropriations Committee by the Assistant Secretary of Defense for Health Affairs, Enrique Mendez:

(DoD) launched an initial health promotion program in 1986...with the issuance of a directive to enhance the quality of life of DoD personnel and other beneficiaries. This new program focused upon six key areas: smoking prevention and cessation, physical fitness, nutrition, stress management, alcohol and drug abuse prevention, and early identification of hypertension."¹⁰

The DoD tobacco control program is embodied (along with a myriad of other DoD health promotion programs) in "Defending Health 2000" -- an initiative whose objectives are drawn from Healthy People 2000 (a Department of Health and Human Services initiated-program that will be discussed later in this document).

In developing "Defending Health 2000," DoD selected 181 of the HHS report's health goals deemed pertinent to the military and embarked upon meeting the objectives set forth. After establishing a Health Promotion Coordinating Committee with members from the four uniformed services and the Defense Agencies, DoD further assigned responsibility for the nearly 181 objectives of "Defending Health 2000" to various offices within DoD.

⁶Testimony by Lieutenant General Alexander M. Sloan, Surgeon General of the Air Force, before the House Committee on Appropriations, Subcommittee on Defense, April 11, 1993, Part 3, page 65.

⁷Ibid.

⁸Testimony by Lieutenant General Monte B. Miller, Surgeon General of the Air Force, before the Senate Appropriations Subcommittee on Defense, 1990, Part 5, page 140.

⁹"National Programs for Smoking Cessation," *Clinics in Chest Medicine*, December 1991.

¹⁰Testimony by Dr. Enrique Mendez, Assistant Secretary of Defense for Health Affairs, before the Senate Appropriations Subcommittee on Defense Appropriations, March 27, 1991, Part 2, page 625.

According to DoD officials, approximately 45 objectives were selected as the primary focus of the Assistant Secretary for Health's Office on Professional and Quality Assurance, another 60 related to environmental and occupational safety were placed under the jurisdiction of the assistant secretary who oversees environmental and health issues, and the final 75 were referred to the Defense Advisory Committee on Women in the Services (DACOWITS) for their particular relevancy to women. Each of these offices is currently attempting to reach its respective goals and is evidently making headway: In 1991 testimony to the Senate Appropriations Committee, Assistant Secretary Mendez stressed that DoD had already initiated programs for 90 percent of the "Defending Health 2000" objectives.¹¹ As a separate confirmation of such progress, a staff member of the Office on Professional and Quality Assurance advised, in the course of a telephone conversation in late 1992, that 27 percent of the objectives had already been met.

DEPARTMENT OF EDUCATION

Overview

The Department of Education is charged with providing federal funds for post-secondary education and assisting individual states with elementary and secondary educational programs.

Tobacco Control Efforts

Beyond its traditional curriculum-related activities, the Department of Education also has jurisdiction over the \$500-million "Drug Free Schools" program and is charged with developing educational tools for combating illegal drug and alcohol use by youth. Since tobacco is increasingly classified by the federal government in the same category as alcohol and illicit drugs, the Department appears to be working more closely with other agencies in developing comprehensive tobacco control programs. In fact, congressional testimony reveals that the Department is involved with the Centers for Disease Control and Prevention in a Comprehensive School Health Program (CSHP) which, in a highly-visible fashion, coordinates funding and organizational requirements for a multi-state program designed, among other things, to reduce tobacco use among youth.¹²

In another public role, the Department's Assistant Secretary for Elementary and Secondary Education oversees a staff member from the Drug Planning and Outreach Staff who serves on the Interagency Committee on Smoking and Health. By virtue of membership on this committee, this person likely has a working relationship with federal tobacco-control officials throughout the government. At a minimum, he or she is well apprised of the potential for launching and promoting a comprehensive tobacco-control curriculum through the Department. From such a key position, one could assume this official is directly involved with coordination of tobacco-control efforts as they apply to youth.

¹¹Ibid, page 24.

¹²From testimony by Dr. William Roper, Director of the Centers for Disease Control and Prevention, before the House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies, May 12, 1993, Part 2, page 995.

DEPARTMENT OF JUSTICE

Overview

The Department of Justice's jurisdiction in the area of tobacco includes enforcement of cigarette warning provisions and the ban on tobacco advertisements. Such activities are primarily reactive rather than proactive in nature, but the agency is becoming more influential in the tobacco control movement as resources are shifted to exploring legal aspects of proposed new regulation of the tobacco industry and strident enforcement of regulations.

Tobacco Control Efforts

While the breadth of this agency's tobacco-control efforts are not currently clear, the Special Assistant to the Assistant Attorney General -- who is located within the agency's Civil Division -- serves on the Interagency Committee on Smoking and Health. The presence of such an official on this committee makes the agency's role in federal tobacco-control initiatives noteworthy, even though no evidence was found that Justice actually initiated tobacco control programs.

DEPARTMENT OF LABOR

Overview

As the federal agency charged with overseeing issues related to the national workforce, the Department of Labor figures prominently in any comprehensive analysis of federal health programs. Within this agency, the division most directly concerned with employee health is the Occupational Safety and Health Administration (OSHA).

Tobacco Control Efforts

OSHA's sole tobacco-control efforts are related to the issue of environmental tobacco smoke (ETS) and its effect on the health of the workforce. It is the only federal agency with authority to regulate smoking in the workplace, and a key player in the current Clinton Administration proposal to ban smoking at most work sites.¹³ Not surprisingly, the agency's Deputy Director of Policy in the Directorate of Policy office serves on the Interagency Committee on Smoking and Health.

While the agency is indeed deeply involved with tobacco control as it relates to ETS, it is important to note that OSHA was not originally a willing participant in the ETS issue. In fact, according to a June, 1991, issue of *Occupational Hazards* magazine, only the combined actions of a federal court case brought by the anti-smoking group Action on Smoking and Health (ASH) and an ETS report by the Environmental Protection Agency (EPA) were sufficient to expedite OSHA's participation in the ETS issue.

Depending on the outcome of current hearings underway within OSHA, and FDA attempts to regulate tobacco, this agency may soon become one of the most significant members of the tobacco control hierarchy and charged with enforcing the most sweeping American workplace reform enacted in decades.

¹³"U.S. to Propose Smoking Ban at All Work Sites," Frank Swoboda, *The Washington Post*, March 25, 1994, page B1.

DEPARTMENT OF TRANSPORTATION (DOT)

Overview

Among other activities, the DOT is charged with managing and regulating the nation's extensive highway, air, railway and waterway transportation systems. Semi-autonomous agencies within the DOT organizational structure include the Coast Guard, Federal Aviation Administration, Federal Highway Administration, Federal Railroad Administration, Maritime Administration, National Highway Traffic Safety Administration and the Urban Mass Transportation Administration.

Tobacco Control Efforts

Tobacco control activities within the Clinton Administration's DOT appear to be more extensive than during the Bush era. For the first time in recent history, an individual within the Office of the Secretary of Transportation -- a Senior Policy Analyst -- now serves on the Interagency Committee on Smoking and Health. This high-level participation indicates a newly-expanded role for DOT as an influential component of the federal tobacco control hierarchy.

Other than the Office of the Secretary, the three DOT-related agencies most directly involved with tobacco control are the Federal Aviation Administration (FAA), United States Coast Guard, the Federal Railroad Administration and the National Railroad Passenger Corporation (Amtrak), a federally-chartered corporation.

In addition to its responsibilities for navigation and airline safety, the FAA is responsible for implementation and enforcement of the airline smoking ban for domestic flights. In recent hearings before congressional appropriators, the agency showed an interest in extending the smoking ban to international flights as well. According to a recent *Washington Post* article, the recent Canadian ban on smoking for all domestic and international commercial flights placed "pressure" on the U.S. to enact similar policies.¹⁴ Legislation currently pending before Congress would enable the FAA to implement such a ban.¹⁵ Secretary Federico Pena expressed support for a global "understanding on cigarette smoking" in 1993 testimony.¹⁶

The Coast Guard became involved with tobacco control efforts in recent years when the organization banned public advertising of tobacco products in all its retail exchanges (similar to commissaries) nationally, and embarked upon a wellness program that emphasizes smoking cessation.¹⁷ Their ban on smoking in "virtually all enclosed spaces on Coast Guard units" resulted in the lowest cigarette consumption of all the armed forces.¹⁸ The Coast Guard would also likely take a significant role in curbing smuggling in the event a federal tobacco ban becomes reality.

The Federal Railroad Administration's tobacco control efforts relate to their coordination efforts with and support of the federally-chartered National Railroad Passenger Corporation (Amtrak). Though Amtrak is considered autonomous and not an actual federal agency, it does receive

¹⁴The *Washington Post*, July 1, 1994, page A31.

¹⁵Ibid.

¹⁶Secretary of Transportation Federico Pena, in response to a question before the House Appropriations Subcommittee on the Department of Transportation and Related Agencies, March 25, 1993, Part 3, page 52.

¹⁷Response by Admiral J. William Kime of the U.S. Coast Guard to questions posed in the House Appropriations Subcommittee on Transportation and Related Agencies, April 20, 1993, Part 3, page 1180.

¹⁸Ibid.

significant federal subsidies (FY 1994 requested subsidies were in excess of \$1 billion), which qualifies it for inclusion in the federal tobacco control hierarchy. Amtrak's tobacco control activities largely deal with its decision in May of 1993 to eliminate smoking on trains with travel times of 4.5 hours or less. Additional restrictions were placed on other train trips as well.¹⁹

DEPARTMENT OF VETERANS AFFAIRS (VA)

Overview

As the primary health-care provider for America's 26 million veterans, the VA operates approximately 172 hospitals and 128 nursing homes across the nation and provides a myriad of other services for eligible individuals.

The VA's health initiatives -- administered largely by the Veterans Health Administration -- directly affect the lives of more people than the Department of Defense, and approach the same level of relevance to tobacco-control efforts as the activities of HHS.

Tobacco Control Efforts

In 1991, the VA joined a myriad of other federal agencies in initiating an extensive tobacco control program. Then-Secretary Edward Derwinski personally advanced the effort by declaring a ban on smoking and cigarette sales in all VA facilities. According to a *Washington Post* article, Derwinski justified his actions above the "grumbling" of some within the VA and veterans' service organizations by asserting that "If we are to be a legitimate health care system, we can't be condoning smoking".²⁰ Derwinski's campaign even went so far as to enlist the Chief Medical Director to send a letter to veterans across the country encouraging them to lobby against legislation sponsored by Congressman Staggers to reinstate smoking and cigarette sales in VA facilities. This lobbying effort by a federal official raised the ire of Congress, and may represent a new trend in the tobacco-control strategy. Though the current VA Secretary has not yet gained as much notoriety or public attention, the agency continues to pursue its tobacco control initiatives as outlined below.

The Veterans' Health Administration (VHA) is the VA agency most directly involved with tobacco control. The VHA's Under Secretary for Health (formerly the Office of the Chief Medical Director) oversees two divisions whose efforts on behalf of tobacco control are among the most extensive in the entire government (outside those of HHS): Clinical Programs and Research and Development.

The VHA's Clinical Programs office appears to utilize at least one division in their tobacco control program. The Assistant Chief Medical Director for Environmental Medicine and Public Health oversees the VHA's "Smoke-Free Initiative," whose coordinator serves on the Interagency Committee on Smoking and Health.²¹ This individual undoubtedly plays a significant role in executing and enforcing the VA's strict new tobacco control programs. In the past, a second tobacco control effort also existed within the Preventive Medicine Program of the Hospital Based Services Office on Medical Service, but at this point in time, it is not clear if this division is still actively involved with the federal effort.

¹⁹Written response to questions by Amtrak from Congressman Carr in connection with a hearing before the House Appropriations Subcommittee on the Department of Transportation and Related Agencies, May 5, 1993, Part 5, pp. 744-746.

²⁰*The Washington Post*, June 4, 1992.

²¹From testimony provided to the House Appropriations Subcommittee on VA, HUD and Independent Agencies, March 8, 1994, Part 1, page 478.

The second and final major VHA division involved with tobacco control is Research and Development -- an office approximately equivalent in authority to that of Clinical Programs. Research and Development has aggressively initiated a research-grants program geared specifically to smoking cessation and prevention. Total funding for these grants is not publicly accessible by federal or private data banks, and therefore its breadth is impossible to gauge.

ENVIRONMENTAL PROTECTION AGENCY

Overview

As an independent agency charged with developing and enforcing laws and regulations related to the environment, and executing hazardous waste site cleanup efforts, the Environmental Protection Agency (EPA) has extensive jurisdiction over issues affecting public health.

Tobacco Control Efforts

In the late 1980s and early 1990s, the EPA placed significant emphasis on scientific research on environmental tobacco smoke (ETS) and, as noted in the Department of Labor segment of this chapter, was actually ahead of OSHA in determining whether ETS should be classified as a Class A carcinogen and workplace health risk.

It can be said without exaggeration that the EPA's ETS classification (though-dubious because of questions related to the scientific integrity of the gathered data) single-handedly opened the door for massive expansion of federal tobacco control efforts. EPA Administrator Carol Browner recognized her agency's ETS study created the current firestorm over workplace smoking when she recently said, "...in the year since publication of the EPA report...we have seen a rapid acceleration of measures to protect non-smokers in a variety of settings." ²²

Browner has taken the EPA beyond a purely-scientific role in the ETS debate by advocating stringent workplace bans as well as proclaiming that, "[The] EPA recommends that people not smoke in their homes or permit others to do so." ²³ Such unprecedented activism was also recently displayed when Browner responded publicly to a Philip Morris ad campaign bringing into question the scientific integrity of EPA's ETS study. ²⁴

By mid-1994, it is clear that the EPA, under its current Administrator, is building and maintaining higher visibility on federal tobacco control efforts than even the HHS Secretary herself, and must be considered along with FDA's Kessler and Surgeon General Elders as one of the three most influential and public spokespersons on behalf of federal tobacco control efforts.

Beyond the EPA Administrator herself, two EPA offices and an advisory board of scientists are most responsible for ETS activities. First, under the authority of the Assistant Administrator for Air and Radiation is the Office of Radiation and Indoor Air. The Director of this office is a member of the Interagency Committee on Smoking and Health and oversees the agency's Indoor Air Division. According to recent congressional testimony, this office has launched an aggressive campaign to inform the public about environmental tobacco smoke -- producing at least two publications, *What You Can Do About Secondhand Smoke* (targeted to the general public) and

²²Quote per an op ed written by Jacob Sullum that appeared in *The Wall Street Journal*, March 24, 1994.

²³EPA policy comment attributed to EPA Administrator Carol Browner before the House Subcommittee on Health and the Environment, July 21, 1993.

²⁴*The Washington Post*, June 29, 1994, page A21.

The Guide to Smoking Policies (geared to private sector businesses), which attempt to curtail tobacco consumption.²⁵ These efforts, consistent with the newly-activist EPA, are in addition to cooperative agreements with the American Lung Association directed to minority smoking populations and development of materials designed to prompt "...action by parents and institutions serving children to protect children from ETS exposure, assist state and local governments in developing effective regulations protecting non-smokers from ETS in public access facilities, provide guidance on construction of smoking rooms, and share information and experiences with the international community."²⁶ Indoor Air Program outlays in 1992 totaled \$1.5 million, and the FY 1994 funding request is \$2.04 million.²⁷

The second EPA division with tobacco control functions lies under the jurisdiction of the Assistant Administrator for Research and Development. This division's Office of Health and Environmental Assessment oversees a Human Health Assessment Group and the Office of Health Research, whose Health Effects Research Laboratory (according to a 1994 Federal Research in Progress computer search) is currently funding research grants -- among which is a \$431,000 grant which addresses ETS and other human health risks.

Finally, the EPA's Science Advisory Board also took a leading role in the federal tobacco control effort in 1993 when its Indoor Air Quality/Total Human Exposure Committee unanimously approved the ETS study even though it was not statistically significant at the standard 95 percent confidence level. Questions still surround the decision to approve the ETS classification, and are strengthened by statements such as the one offered by the Chairman of the Indoor Air Quality/Total Human Exposure Committee in 1992, "Admittedly, the epidemiological (support) is not as clearly convincing as one would hope..."²⁸

Though in the early 1990s, EPA's extensive efforts related to ETS first seemed to intensify a jurisdictional "conflict" between EPA and OSHA, on closer observation, both agencies appear to be working more closely than ever before as a result of such jurisdictional overlap. For instance, the March, 1992, *Occupational Hazards* magazine reported that a year earlier, OSHA, EPA and the Centers for Disease Control's National Institute on Occupational Safety and Health (NIOSH) formed the ONE Committee largely for the purpose of coordinating activities and sharing research data on workplace risk. ONE meets twice per month to discuss such information, and actually added the Mine Safety and Health Administration to the group in 1992. The long-term, specific ramifications of such cooperation on issues related to tobacco control are not easily determined at this time, but may signify another trend in federal tobacco-control efforts.

FEDERAL TRADE COMMISSION

Overview

The Federal Trade Commission (FTC) is an independent federal agency with a workforce of approximately 900. According to an official description, the FTC is "charged by law with ensuring that competition in the marketplace is vigorous, free, and fair. This is accomplished by eliminating threats to fair and honest competition from all sources, both public and private."²⁹

²⁵1994 EPA Budget Estimate, as provided to the House Appropriations Subcommittee on VA, HUD and Independent Agencies, April 20, 1993, Part 5, page 2-91 of budget.

²⁶*Ibid.*

²⁷*Ibid.*, page 2-89

²⁸Quote attributed to Dr. Morton Lippmann and reported by the *States' News Service*, October 27, 1992.

²⁹President's FY 1992 Proposed Budget.

The agency prepares an annual report for Congress related to practices in promotion and sales of cigarettes under its broad jurisdiction, which includes tobacco advertising and labeling.

Tobacco Control Efforts

FTC's tobacco control efforts are focused in the Bureau of Consumer Protection and its Advertising Practices division. The Associate Director for Advertising Practices serves on the Interagency Committee on Smoking and Health.

The FTC's most recent and prominent role in federal tobacco control was its pursuit of a complaint against R.J. Reynolds Tobacco Co. for its "Joe Camel campaign" which the agency alleged was targeted to children. After three years of debate, the agency's Commissioners earlier this year reportedly voted to halt action on this complaint.³⁰ Other recent tobacco-related activities include the agency's drafting of the regulations for the Smokeless Tobacco Act, and the first enforcement of said regulations.³¹

While little else is known at this time of the agency's ongoing tobacco control efforts, it is important to note that considerable cooperation (and overlap) exists between the FDA and the FTC in the area of regulating drugs and other health products. In light of the FDA's recent interest in regulating tobacco as a drug, the FTC's advertising enforcement activities may dramatically expand in the near- and long-term.³² It is clear that this agency's future proactive role in tobacco control may hinge greatly upon the inclinations of whomever President Clinton selects to join the five-member Commission later this year.

GENERAL SERVICES ADMINISTRATION (GSA)

Overview

The GSA is an independent agency that manages, maintains and provides security for more than 6,800 federal buildings and manages the federal government's automobile fleet and travel service. The only major federal buildings not managed by GSA include the Pentagon, Veterans Administration hospitals and most U.S. Postal Service facilities.³³

Tobacco Control Efforts

Only limited instances of proactive policy actions by GSA in support of tobacco control have been discovered. However, the agency does implement smoking policies for all federal facilities. And the Assistant Commissioner of GSA for Real Property Management and Safety -- an office within the Public Buildings Service -- serves as a member of the Interagency Committee on Smoking and Health. Thus, the agency serves as yet another example of the breadth of tobacco-control efforts.

The tobacco-control actions taken by GSA in recent years began with the 1991 HHS-proposed smoking ban in federal buildings. At that time, GSA was concerned with enforcement of such a

³⁰As reported in "RJR Nabisco's Tobacco Unit Escapes Fight with FTC over Joe Camel Ads," *Wall Street Journal*, date unavailable, 1994.

³¹Testimony by Janet Steiger, Chairman of the FTC, in connection with a hearing before the House Appropriations Subcommittee on the Departments of Commerce, Justice, and State, The Judiciary, and Related Agencies, March 25, 1993, Part 5, page 1493.

³²*Ibid.*, page 1511.

³³"Federal Workers Face No-Smoking Orders," *Fayetteville Observer-Times*, April 11, 1991.

ban that would apply to most but not all federal workers. Specifically, this proposed ban had originally excluded the legislative and judicial branches of government -- which created the possibility that some federal employees could be allowed to smoke in a nonsmoking building. Now that the comprehensive federal smoking ban is in place, the GSA's role in implementing and enforcing the ban is complete and ongoing.

EXECUTIVE OFFICE OF THE PRESIDENT

Overview

The Executive Office of the President includes such diverse offices as the Office of Management and Budget, Council of Economic Advisers, National Security Council, CIA, White House Staff and the U.S. Trade Representative (USTR). Employees are under the direct supervision of the Office of the President, yet have varying degrees of autonomy within that structure.

Tobacco Control Efforts

With the exception of the USTR -- which is involved with the issue strictly from an export promotion perspective -- it is believed that the President and First Lady are the only prominent Executive Office officials aggressively pursuing tobacco control strategies through their support of dramatic increases in tobacco excise taxes as a funding mechanism for health care reform. Other branches of the Executive Office of the President may be supporting such initiatives, but their efforts are not in the public record. Nonetheless, the President and First Lady's activities must be considered critical to fostering or being supportive of, other federal tobacco control efforts.

Though it is not considered to be part of the current Administration's strategy, the Office of National Drug Control Policy (ONDCP) was, and could again be, interested in expanding its efforts into the tobacco control arena. In a June 20, 1991, *Washington Post* article entitled "Martinez to Go After Tobacco and Alcohol Use," ONDCP Director Bob Martinez equated the illegal consumption of alcohol and tobacco by under-age youth with the illegal consumption of substances such as marijuana and cocaine. In his statement, the Director offered no details for the new effort, but did express concern over tobacco advertising allegedly geared to youth. Further, it was reported that the Director was considering how to address illegal alcohol and tobacco sales to minors in future annual drug control strategies.

The first sign of such an effort appeared in the January 1992 "National Drug Control Strategy" issued by ONDCP. In that first annual plan after Martinez' comments, the agency expressed concern about underage access to alcohol and tobacco. Thus the plan urged individual states, among other things, to: (1) create one agency to regulate both tobacco and alcohol; (2) require that tobacco dealers be licensed by the state; (3) use licensure fees to finance enforcement of tobacco and alcohol laws; (4) ban cigarette-vending machines in most areas; and (5) increase penalties for underage use of tobacco and alcohol.

Until more is known about the ONDCP under the Clinton Administration, the agency is not included in the overall tobacco control hierarchy. Should a tobacco ban make consumption illegal in the future, the agency may be situated to take a leading role in enforcement efforts and national strategies to address the ban.

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INTERSTATE COMMERCE COMMISSION (ICC)

Overview

The ICC is charged with regulating interstate surface transportation by train, truck, bus and water, and is involved with issues as disparate as tariff rate disputes in the trucking industry and competition in intercity bus systems. The ICC employs approximately 650 people and is rumored to be on the verge of being merged with other agencies and having the remainder of its agency dissolved due to a lack of need for its regulatory apparatus.

Tobacco Control Efforts

The ICC first demonstrated its role in the federal tobacco-control effort by issuing a smoking ban in late 1990 on most interstate bus trips. The ICC action was in response to a petition by bus-industry trade groups that had requested the restrictions. (The ICC excluded the charter-bus industry from the ban.) The announcement followed similar actions taken by Amtrak earlier in 1990 to restrict smoking to certain areas on trains.

DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Overview

HHS possesses more jurisdiction over the health of the American people than any other federal agency. With an estimated 1994 budget of more than \$200 billion (which excludes off-budget outlays for Social Security and other programs which total approximately \$300 billion more) and a total workforce exceeding 130,000 people, HHS houses the Public Health Service and all the major medical research organizations of the federal government. The Interagency Committee on Smoking and Health is managed from this agency, and nearly all expenditures reported by the federal government for tobacco control are found in the budgets of respective HHS divisions.

Since such an extensive anti-tobacco structure exists within HHS, an agency-by-agency analysis of that structure is presented below. Where possible, precise tobacco control activities have been presented. In cases where specific tobacco control efforts are difficult to itemize, a rationale for listing the agency in this section will be provided.

Office of the Secretary of HHS

Clearly, HHS Secretary Shalala is the most powerful public health official in the federal government. As have her predecessors, the Secretary has effectively used this position to provide public support and funding for the overall federal tobacco effort. Unlike the past, however, Secretary Shalala's activities have been somewhat overshadowed by those of the FDA's Kessler and EPA's Browner.

Nonetheless, as Secretary of the second largest agency within the federal government, Shalala possesses a myriad of resources for combating tobacco consumption in America. Beyond an FY 1994 Departmental Management budget of \$93 million, (and extensive resources housed in the Public Health Service to be discussed later in this text), Shalala has maintained support for HHS' tobacco control initiatives through outspoken public appearances and testimony before Congress. Yet due to the entry of other major government officials into the tobacco control effort, it remains to be seen whether Secretary Shalala will reach the level of involvement that Secretary Louis Sullivan achieved (his activities during the Bush years included: a smoking ban in all HHS

facilities; encouragement of VA Secretary Derwinski's efforts to preserve his own agency's tobacco control efforts; derailing introduction of new cigarette brands by major American producers; and encouragement of smoking bans in many American hospitals).

Office of the Assistant Secretary for Health (OASH)

According to a Public Health Service publication, "The (OASH) is responsible for overseeing the work of the Public Health Service, hence for national programs and policies related to health services delivery, disease prevention and health promotion, and biomedical research."³⁴

As administrator for the entire Public Health Service, the Assistant Secretary for Health helps manage a workforce of approximately 50,000 people. In the late 1980s, the office worked extensively in establishing the "Healthy People 2000" objectives for health promotion and disease prevention, designating which agencies within the Public Health Service would have jurisdiction over priority areas.

Within the immediate jurisdiction of the OASH itself, three main offices represent the bulk of tobacco control efforts and are listed below. Though these offices fall within the Public Health Service structure and under the jurisdiction of the Assistant Secretary, they also operate somewhat autonomously in pursuing their own objectives.

Office of the Surgeon General

The U.S. Surgeon General is one of the three or four most influential people in America with regard to federal control over the consumption of tobacco products. This office is responsible for annual preparation of the Surgeon General's Report on the Health Consequences of Smoking, and is regularly charged with executing the federal government's health initiatives within the broader health care community. The office has been instrumental in encouraging tobacco research and changing societal perceptions about tobacco use ever since the 1964 Surgeon General's Report which asserted tobacco posed health risks. The Surgeon General's role as chairman of the Interagency Committee on Smoking and Health further enhances this office's importance to the overall federal effort.

The Surgeon General's operating budget comes from OASH and is embodied in the Public Health Service Management line item (though it does not make up the entire budget). For FY 1994, the Public Health Service Management's projected budget -- from which the Surgeon General can draw funding -- is estimated to be in excess of \$21 million.³⁵

Office of Minority Health

According to *Prevention '89/'90*, this office is the focal point in HHS to stimulate the implementation and monitoring of the findings and recommendations of the HHS Secretary's Task Force on Black and Minority Health. The current Deputy Assistant Secretary serves as a member of the Interagency Committee on Smoking and Health and is undoubtedly a significant participant in federal activities that relate to tobacco use by minority groups. Other than such activities, little direct information is available about this office's tobacco control efforts. The Office requested an FY 1994 budget of \$25.4 million.³⁶

³⁴*Prevention '89/'90*, a Public Health Service publication.

³⁵*Budget of the United States Government, Fiscal Year 1994*, page Appendix-615.

³⁶From testimony by Acting Assistant Secretary for Health before the House Appropriations Subcommittee on the Departments of Labor, HHS, Education and Related Agencies, Part 2, page 904.

Office of Disease Prevention and Health Promotion

The Office of Disease Prevention and Health Promotion (ODPHP) was "established in 1976 to coordinate HHS policy and program development in prevention."³⁷ ODPHP has also assisted in developing key policy documents for federal strategies in prevention (chiefly Healthy People 2000), and continues to oversee Public Health Service efforts for implementing those strategies. The office is responsible both for coordinating all disease prevention and health promotion efforts within HHS and for subsequently working with non-federal groups at the state and national level to ensure that such efforts are thoroughly implemented. Staff resources from the office are also earmarked to preparation of monthly reviews of progress on Healthy People 2000 objectives.

A 1991 article gives further information about ODPHP's efforts by noting that the office had a Workplace Health Promotion Initiative that produced reports "in cooperation with the Office on Smoking and Health related to worksite smoking control activities," and that it also formed the U.S. Preventive Services Task Force.³⁸ This latter group, according to the article, has printed recommendations on smoking cessation counseling. Other miscellaneous activities of the group include international efforts in South and Central America, China and Hong Kong to "provide staff support for smoking and health workshops." This office's FY 1994 budget request totaled \$4.77 million.³⁹

Secretary's Council on Health Promotion and Disease Prevention

The Secretary's Council on Health Promotion and Disease Prevention was formed in 1987, and membership includes all living former Assistant Secretaries for Health, the sitting presidents of the eight major professional associations dedicated to prevention, and three individuals from the public. The chairman of the Council is the Assistant Secretary for Health, and the ODPHP provides staff support for their activities.

The Council is charged with advising the HHS Secretary on issues related to prevention and acting as liaison with the private sector. They "reviewed and approved" the Healthy People 2000 objectives (including tobacco control), and oversee their implementation.

Prevention Policy Staff

The Prevention Policy Staff within ODPHP was responsible for meeting the HHS' 1990 Health Objectives, and coordinating development of the Healthy People 2000 objectives (including tobacco-related goals) during the late 1980's. Little else is known about their current tobacco control activities.

Clinical Preventive Services Staff

Based upon research uncovered in this project, this office is primarily focused upon disseminating information to research institutions and individuals with regard to existing "gaps" in prevention research-- with the expectation that this information will encourage the advent of such research. The office also provides assistance in development of prevention training programs.

³⁷Prevention '89/'90, Public Health Service publication.

³⁸"National Programs for Smoking Cessation," *Clinics in Chest Medicine*, December, 1991, page 826.

³⁹Budget for the Assistant Secretary of HHS for Health, as presented to the House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies, Part 2, page 1052.

Health Communication Staff

The role of the Health Communication Staff is to publish ODPHP reports and disseminate such (and other related) information to targeted sectors of the public. In addition, the office responds to mail and telephone requests for prevention information and "makes referrals to over 1,100 other public and private sources of health information."⁴⁰ Some health research is initiated in the office, as related to "hard to reach" groups, and the office publishes newsletters and lists about ongoing research findings.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

Prevention '89/'90 describes ADAMHA (SAMHSA's predecessor) as an agency with the "...lead responsibility for the federal government's support and conduct of research on mental illness and substance abuse disorders." The agency's FY 1994 estimated budget exceeds \$2.15 billion, and includes a conference budget in excess of \$6 million.⁴¹

Center for Substance Abuse Prevention (CSAP)

According to an official description of CSAP's predecessor (the Office of Substance Abuse Prevention--OSAP), this Center "...implements all of [SAMHSA's] smoking-related intervention programs...(and) has developed materials and messages designed to reach pregnant and nursing women, youth and those who may influence their behavior, as well as health care providers, educators and parents."⁴² One OSAP effort designed to reach 8- to 12-year old children with an anti-alcohol and -marijuana message also included an anti-tobacco message because it was considered -- along with marijuana -- to be a "gateway" drug that led to future abuse.⁴³

According to a self-described role presented in recent congressional testimony, OSAP's successor, CSAP, "...was established to lead the Federal Government's efforts in the prevention and intervention of alcohol, tobacco, and other drug abuse among the Nation's citizenry."⁴⁴ Furthermore, CSAP's programs are designed to, "...encourage creative and effective efforts aimed at reducing and eliminating alcohol, tobacco, and other drug problems in our society."⁴⁵ FY 1994 budget estimates for CSAP total \$262 million.⁴⁶

In reaching tobacco control goals, CSAP appears to rely primarily upon three divisions. First, the Community Prevention and Training Division, with an estimated FY 1994 budget of \$116.7 million, is designed to complement High Risk Youth activities by providing funding for community-wide prevention activities such as a community workplace program for "confronting alcohol, tobacco, and other drug problems in the workplace."⁴⁷

⁴⁰*Prevention '89/'90*, a Public Health Service publication.

⁴¹Budget for SAMHSA, as presented to the House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies, Part 2, page 1464.

⁴²"National Programs for Smoking Cessation," *Clinics in Chest Medicine*, December, 1991

⁴³*Ibid.*

⁴⁴Budget for the Center for Substance Abuse Prevention, as presented to the House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies, Part 2, page 1495.

⁴⁵*Ibid.*

⁴⁶*Budget of the United States Government, Fiscal Year 1994, page Appendix-613.*

⁴⁷*Ibid* at 44, page 1504.

The Communications Program is more difficult to define in terms of tobacco, but the Director of the \$9.7 million agency serves on the Interagency Committee on Smoking and Health, it clearly must be included in the federal effort.⁴⁸

The final CSAP division identified as having tobacco control functions, the Demonstration for High Risk Population division, through its High Risk Youth Bureau, provides, among other things, funding for public and nonprofit private organizations to "demonstrate and evaluate comprehensive strategies in alcohol, tobacco, and other drug abuse among youth identified as being at high risk for such behavior."⁴⁹ The estimated FY 1994 budget for High Risk Youth activities is \$69.2 million.⁵⁰

CSAP is also pursuing a joint project with the National Center for the Advancement of Prevention to, "help facilitate the ability of community-based organizations and communities to respond to local substance abuse and tobacco problems and needs."⁵¹ The agency also funds a Demonstration Grant Program designed to influence youth attitudes toward alcohol, tobacco and other drug abuse through the family structure.⁵²

FOOD AND DRUG ADMINISTRATION (FDA)

The FDA "...administers laws concerning misbranded and adulterated foods, drugs, human biologics, medical devices, cosmetics, and man-made sources of radiation."⁵³ The agency's regulatory approval process deeply affects a considerable breadth of American society. The FDA's estimated FY 1994 budget is \$653 million.⁵⁴

Tobacco Control Efforts

Under Dr. David Kessler, the FDA has dramatically expanded its role in federal tobacco control activities. Until 1993, the FDA's role in this area was largely limited to the 1992 approval of nicotine patches as a safe smoking cessation tool, rather than efforts to control tobacco consumption.⁵⁵ More recently, however, Kessler's public pronouncements related to the addictive nature of nicotine, the alleged manipulation of nicotine content in cigarettes by tobacco producers, and testimony before Congress advocating (and asserting the jurisdiction for) FDA regulation of tobacco as a drug, have catapulted him and his agency near the top of the federal tobacco control hierarchy.

As a further indication of the FDA's new and highly-visible role in tobacco control, the Director of the Policy Development and Coordination Staff within the FDA's Office of Policy, has, in the past two years, been selected for the first time to serve on the Interagency Committee on Smoking and Health.

⁴⁸Ibid at page 1497.

⁴⁹Ibid at page 1499.

⁵⁰Ibid at page 1497.

⁵¹Ibid at page 1503.

⁵²Ibid at page 1458.

⁵³*Budget of the United States Government, Fiscal Year 1994, page Appendix-601.*

⁵⁴Ibid.

⁵⁵From testimony by Dr. David Kessler, FDA Commissioner, before the House Appropriations Subcommittee on Agriculture, Rural Development, FDA and Related Agencies, Part 6, March 16, 1993, page 39.

Depending upon the outcome of current legislative and administrative attempts to curb or ban tobacco consumption, Kessler and the FDA may soon become THE most powerful federal tobacco control agency. Unfortunately, until that time arrives, it is difficult to obtain accurate estimates of FDA tobacco control funding.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Prevention '89/'90 refers to the CDC as the agency within the Public Health Service responsible for controlling and preventing disease -- an agency dedicated to epidemiological investigations, laboratory research and dissemination of such information to the broader public. Dr. William Roper, then-Director of the CDC, said before the House Committee on Appropriations on April 10, 1991: "CDC is the nation's prevention agency," and it has been so since its founding in 1946. Further, Roper said the, "CDC is the agency that works most closely with state and public health agencies." In recognition of CDC's commitment to long-term health policy, Congress added the name "Prevention" to the agency's title in 1992.

Though spending for specific programs is difficult to track without internal CDC budget documents, it is clear that with an FY 1994 estimated budget of more than \$1.66 billion, this agency likely represents a substantial source of funding for all federal tobacco control efforts and has been such a source of funding for such efforts for many years. As just one small example of how the CDC distributes tobacco control funds, the FY 1992 CDC budget proposed \$400,000 for printing of materials "...for the prevention of tobacco use."⁵⁶

Even though in the last two years CDC's membership on the Interagency Committee on Smoking and Health has dropped from three to two, a representative of the CDC still serves as the Executive Secretary for the Committee, and the government's lone office solely dedicated to tobacco control, lies within this agency. President Clinton reaffirmed his support for the agency's ongoing efforts by requesting an increase of \$10 million in his FY 1994 budget "to fund tobacco control programs in up to 40 states, territories and the District of Columbia."⁵⁷

The following office and four divisions within CDC reflect the bulk of their tobacco control activities.

Office of the Assistant Director of CDC -- Washington, D.C.

As the Washington, D.C., representative for the Atlanta-based CDC, this official manages the agency's extensive activities in the D.C. area. Until 1993, the Assistant Director also served on the Interagency Committee on Smoking and Health. Beyond this highly visible role, little is specifically known about the Assistant Director's tobacco control efforts.

⁵⁶Testimony provided in connection with a hearing before the House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies for FY 1992, page 340.

⁵⁷Testimony by Dr. William Roper, CDC Director, in connection with a hearing before the House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies, Part 2, May 24, 1993, page 875.

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

NCCDPHP is "concerned with chronic diseases and conditions that can be prevented or mitigated by personal choices of behavior."⁵⁸ NCCDPHP stresses translating research findings into effective community-based programs, strengthening the delivery of preventive health services and designing programs to meet the needs of minority groups."

At least three divisions of NCCDPHP appear to be directly involved with federal tobacco control efforts.

Office on Smoking and Health (OSH)

OSH is one of only a handful of offices or programs within the federal government that actually has the word "smoking" in its official title. According to Davis, "OSH is the focal point for all (HHS) activities related to smoking and health."⁵⁹

More than any other single office or division in the federal government, OSH is specifically charged with coordination of all education, prevention and research efforts with regard to tobacco consumption. The office produces -- along with the office of the Surgeon General -- the annual report on the health consequences of smoking.

The Director and Assistant Director of OSH both serve on the Interagency Committee on Smoking and Health. In fact, this office serves as the coordinating staff for the entire Committee. Though its FY 1992 budget of \$7 million was modest when compared to those of others within the Public Health Service, OSH is able to effectively combine its resources with those of other agencies to achieve its objectives. For instance, the OSH: manages the Technical Information Center, which is a clearinghouse for publications on smoking and health; conducts scientific studies and surveys; studies existing data; has generated "award-winning public education and information campaigns on smoking and health;" and launched an effort to control tobacco consumption among older smokers.⁶⁰

Adolescent and School Health Division

The tobacco control activities of this division within NCCDPHP are focused upon funding cooperative agreements provided through the Comprehensive School Health Program (CSHP). The CSHP, according to official descriptions, "...provides support to establish senior level policy positions in both the State Department of Education and State Department of Health (in five targeted states)...[to] establish prevention activities among adolescents to reduce tobacco use, increase physical activity, and reduce nutritional habits that result in chronic disease."⁶¹ CSHP's budget is reportedly \$42 million, and is jointly coordinated with the Bureau for Primary Health Care within the Health Resources and Services Administration (HRSA).⁶²

⁵⁸Prevention '89/'90, a Public Health Service publication.

⁵⁹"National Programs for Smoking Cessation," *Clinics in Chest Medicine*, December, 1991

⁶⁰Ibid.

⁶¹Testimony provided by Dr. William Roper, then-CDC Director, in connection with a hearing before the House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies, FY 1994, part 2, page 995.

⁶²Ibid at pp. 953-955.

Reproductive Health Division

The Reproductive Health Division of the NCCDPHP is yet another important player in the CDC's tobacco control effort. Many of its efforts in this area are dedicated to providing, "...technical assistance to 12 state health departments in the development and dissemination of prenatal smoking cessation programs through maternal and child health programs. The purpose of the prenatal smoking cessation programs is to assist women in quitting smoking and maintaining cessation programs."⁶³ The precursor to this broad-based current effort was the division's Smoking Cessation in Pregnancy (SCIP) project with the states of Colorado, Maryland and Missouri, and the U.S. Department of Agriculture's Food and Nutrition Service.⁶⁴

Based upon a telephone call to the Reproductive Health Division and analysis of congressional testimony, it has been determined that three offices within the division are chiefly involved with tobacco control efforts: Pregnancy and Infant Health; Women's Health and Fertility; and Program Services and Development. Little public information can be obtained regarding funding levels for each of these offices.

National Center for Environmental Health

Though its efforts are nowhere near as extensive as those of the OSH, according to one article, this office largely focuses its tobacco control efforts on passive smoking and the issue of ETS.⁶⁵ Formerly called the National Center for Environmental Health and Injury Control, once the Center became independent of the National Center for Injury Prevention and Control in 1992, its role in the ETS issue expanded.⁶⁶ Now, it appears that many of the office's efforts appear to duplicate activities by the EPA and OSHA.

Information gathered through a recent telephone call indicates that at a minimum, the Center's Air Pollution and Respiratory Bureau located within the Environmental Hazards and Health Effects Division, has conducted indoor air studies. Funding levels for this or any other tobacco control activity are not readily available through public documents.

National Center for Health Statistics

The National Center for Health Statistics is "the principal federal source of data used in planning health services and other programs that meet the health needs of the nation."⁶⁷

The center's primary role in federal tobacco control involves surveying the American public about consumption and health through periodic National Health Interview Surveys. These surveys regularly receive collaborative funding from other major federal agencies. For instance, the 1987 survey was partially funded by the National Cancer Institute and addressed a range of health related issues -- among them tobacco use. The results of such surveys are used by other federal agencies to measure success and execute their own initiatives. For FY 1994, the budget for such surveys was approximately \$29 million, but the cost of specific data gathered to support tobacco control activities is not available at this time.⁶⁸

⁶³Ibid at pp. 1005-1006.

⁶⁴*Prevention '89/'90*, a Public Health Service publication.

⁶⁵"National Programs for Smoking Cessation," *Clinics in Chest Medicine*, December, 1991

⁶⁶*The Washington Post*, June 27, 1992.

⁶⁷*Prevention '89/'90*, a Public Health Service publication.

⁶⁸*Budget of the United States Government, Fiscal Year 1994*.

National Institute for Occupational Safety and Health (NIOSH)

NIOSH, "...conducts research on the causes of work-related illness and injuries, recommends workplace standards, responds to requests for investigation of apparent occupational health problems, and supports training of professionals in the field."⁶⁹

The role of ETS as it relates to worksite hazards is an issue at the forefront of this agency's mission. NIOSH worked closely in 1991 with the World Health Organization (WHO) on a project studying "smoking and occupation," during the late 1980s.⁷⁰

Due to CDC budgetary practices, it is currently impossible to ascertain the cost of tobacco control activities within NIOSH's FY 1994 estimated budget of \$122 million.⁷¹

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

HRSA "...has leadership responsibility for general health service and resource issues relating to access, equity, quality and cost of care."⁷² HRSA's FY 1994 budget estimate of \$2.67 billion represents one of the largest budgets within the Public Health Service.⁷³

The most senior official in HRSA's tobacco control program is the Associate Administrator for Public Health Practice, who serves on the Interagency Committee on Smoking and Health. In addition, both the Bureau of Primary Health Care and the Bureau of Health Resources Development also participate in tobacco control initiatives.

The Bureau of Primary Health Care's FY 1994 estimated budget of \$923 million is dedicated to providing: primary health care services to "underserved" children, migrants and other adults; and funding for collaborative projects dedicated to health care education in schools.⁷⁴ A recent joint effort with the CDC's Comprehensive School Health Program (mentioned earlier in this text) focused upon creating a healthy school environment and "...establish[ing] prevention activities among adolescents to reduce tobacco use, increase physical activity, and reduce nutritional habits that result in chronic disease."⁷⁵

As the second major HRSA division dedicated to tobacco control, the Bureau of Health Resources Development funds programs through its Maternal and Child Health Bureau such as the \$79 million "Healthy Start" program, which focuses upon smoking cessation programs for women.⁷⁶

It is not clear how much is spent on tobacco control through the Maternal and Child Health Block Grants (which is the second largest line item in HRSA's budget at more than \$748 million per year), but it is clear that significant funding is utilized for cessation and other activities.⁷⁷

⁶⁹"National Programs for Smoking Cessation," *Clinics in Chest Medicine*, December, 1991

⁷⁰*Ibid.*

⁷¹Testimony provided by Dr. William Roper, then-CDC Director, in connection with a hearing before the House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies, FY 1994, part 2, page 1421.

⁷²*Ibid* at 68.

⁷³*Ibid* at 71, pp. 1121-1127.

⁷⁴*Ibid*, pp. 954 and 1121.

⁷⁵*Ibid* at page 995.

⁷⁶*Ibid* at page 1253.

⁷⁷*Ibid* at page 1124.

INDIAN HEALTH SERVICE (IHS)

The IHS, with an estimated FY 1994 budget of \$1.57 billion and staff of more than 3,000 is, according to *Prevention* '89/'90, charged with helping supply more than 1 million American Indians and Alaska Natives with health care through more than 50 hospitals and hundreds of other medical care facilities.⁷⁸ In the area of tobacco control, the IHS was, "...the role model for the entire Public Health Service in the establishment of smoke-free environments."⁷⁹

IHS is currently executing initiatives to meet its own Healthy People 2000 objectives and is targeting "hard-to-reach" populations for tobacco control encouragement. In addition, the Director of the IHS' Cancer Prevention and Control Program in New Mexico currently serves on the Interagency Committee on Smoking and Health.

The only budget estimate available at this time which details IHS tobacco-control spending -- \$200,000 allocated for yearly "anti-smoking activities" in FY 1991-1993 -- was found in an internal HHS smoking-control document. Based on the agency's vigilant tobacco-control philosophy, other estimates undoubtedly exist but are not publicly available.

NATIONAL INSTITUTES OF HEALTH (NIH)

"The National Institutes of Health administers a comprehensive research program to improve the health of the American people through acquisition of new knowledge of disease."⁸⁰ NIH's budget is larger than any other Public Health Service agency, with an estimated FY 1994 budget of \$9.8 billion.⁸¹ The organizational structure of NIH is such that nearly every major medical field has its own institute from which and through which research can be funded. In 1992 alone, such research grants exceeded \$4.9 billion.

Tobacco control activities within NIH range from the specialized analysis of diseases allegedly linked to tobacco to broad intervention and cessation projects designed to take a proactive role in halting tobacco consumption. Four members of the Interagency Committee on Smoking and Health work within NIH.

Outside the many institutes, which will be discussed later in this text, two divisions under the Office of the NIH Director (the Office of Disease Prevention and the Office of Minority Programs) and one semi-autonomous research grants division, play a role in NIH tobacco control efforts. The Division of Research Grants is preeminent among these non-institute offices. The division is charged with managing both the overall NIH grants program and the Small Business Innovation Research Program (SBIR), which directs 1.5 percent of all NIH grant research funds toward small businesses "for the development of research ideas that, hopefully, will lead to commercialization."⁸² According to a 1994 Federal Research in Progress computer search of grants, at least four SBIR grants totaling approximately \$150,000 are currently underway and being used to develop more effective smoking cessation techniques.⁸³

⁷⁸*Budget of the United States Government, Fiscal 1994.*

⁷⁹*Prevention* '89/'90, a Public Health Service publication.

⁸⁰*Ibid.*

⁸¹*Ibid* at 78.

⁸²From testimony by Dr. Ruth Kirschenstein, Director of the National Institute of General Medical Sciences, before the House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies, part 3, April 1, 1993, page 1239.

⁸³Federal Research in Progress computer search.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

"[NIAAA]...is charged with research for improving the prevention and treatment of alcoholism and alcohol abuse and reducing associated health, social and economic consequences."⁸⁴ Interestingly, the institute also provides funding for studies designed to help alcoholics stop smoking. One grant in particular that is currently underway, allocated \$115,065 to the University of Nebraska to develop "...effective cigarette smoking cessation methods for recovering alcoholics."⁸⁵ This particular research project even went so far as to pay subjects \$10 for participating in follow-up questionnaires.⁸⁶ NIAA's estimated FY 1994 budget is \$173 million.⁸⁷

National Institute of Allergy and Infectious Diseases (NIAID)

NIAID, an agency with an FY 1994 estimated budget of \$1.06 billion dedicated to health problems such as asthma and allergies, plays a relatively minor role in federal efforts to control tobacco consumption, but does conduct extensive passive smoking research as it applies to asthmatic individuals.⁸⁸

A recent \$722,847 grant awarded by the institute to the Johns Hopkins University focused upon inner-city asthma mortality and emergencies, and tested the affect household smoking bans had on subjects.⁸⁹ Such programs qualify NIAID as a member of the federal tobacco control hierarchy.

National Heart, Lung and Blood Institute (NHLBI)

According to *Prevention '89/'90*, the mission of the NHLBI is: "...to prevent heart, lung and blood diseases. Three major cardiovascular disease risk factors that can be modified or eliminated are elevated blood cholesterol, high blood pressure and cigarette smoking." The agency earmarks most of its resources for research aimed at documenting health risks of tobacco consumption.⁹⁰ NHLBI's estimated FY 1994 budget is \$1.2 billion.⁹¹ According to a computer search of Federal Research in Progress, NHLBI awarded more than \$18 million in tobacco control grants that were still underway as of mid-1994. Examples of these grants include: \$469,000 for "Sustaining Women's Smoking Cessation Post-Partum;" \$278,269 for "A Trial of Smoking Cessation Programs in Black Churches;" and \$250,290 for "Worksite Incentives for Becoming a Non-Smoker."

Office of Prevention, Education and Control

Within the Office of Prevention, Education and Control is NHLBI's major tobacco control program -- the Smoking Education Program. This program was initiated in 1985 to identify methods by which NHLBI could encourage health care providers to offer smoking cessation counseling to patients.⁹² Since that time, the program has also focused upon training health care

⁸⁴From testimony by Dr. Enoch Gordis, Director NIAAA, before the House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies, part 3, March 25, 1993, page 275.

⁸⁵Federal Research in Progress computer search, 1994.

⁸⁶*Ibid.*

⁸⁷*The Budget of the United States Government, FY 1994.*

⁸⁸*Ibid.*

⁸⁹*Ibid* at 85.

⁹⁰*Ibid* at 69.

⁹¹*The Budget of the United States Government, FY 1994.*

⁹²National Programs for Smoking Cessation," *Clinics in Chest Medicine*, December, 1991

providers in tobacco control counseling methods. The current Coordinator for this program serves on the Interagency Committee on Smoking and Health.

National Institute on Child Health and Human Development (NICHD)

NICHD, is focused upon finding opportunities to isolate disease problems in youth to ensure that more may live a healthful and productive adult life. The agency's budget estimate for FY 1994 is \$542 million.⁹³

Recent tobacco control research grants awarded by NICHD include \$128,000 for a study on "Food Intake, Smoking, and Diet Among Adolescent Girls," and \$399,882 for "Social Psychological Factors in Teen and Adult Smoking."⁹⁴

Center for Research for Mothers and Children

The division of NICHD most active in tobacco control is the Center for Research for Mothers and Children. The Director of this office is one of four NIH members currently serving on the Interagency Committee on Smoking and Health. In such a role, the Director oversees the Center's intervention programs designed to encourage smoking cessation among pregnant women. The Center's FY 1993 estimated budget was \$278 million.⁹⁵

National Cancer Institute (NCI)

"[NCI]...carries out cancer prevention and control activities across the continuum from basic research through clinical trials and intervention research to broad dissemination and application of the research results."⁹⁶ The agency's estimated budget for FY 1994 exceeds \$2.0 billion.⁹⁷

According to an NCI/American Cancer Society publication, NCI's activism in tobacco control -- as opposed to its traditional cancer research activities -- can be traced to a 1987 meeting "...of more than 250 national smoking control experts [which] set the state for a systematic plan to make practical use of available smoking control technology. This plan involved assessing and synthesizing the findings of current research to define the essential elements of proven intervention strategies, convening meetings of experts to develop consensus on the findings, and translating the findings into guidelines and standards for widespread dissemination."⁹⁸

Three divisions of NCI most actively pursue initiatives to control tobacco consumption, and are addressed below:

Office of Cancer Communications (OCC)

Within the NCI Director's office, the Office of Cancer Communications is primarily focused upon distributing NCI research throughout both the general public and medical communities. The OCC has also been active in efforts to increase the role that health care providers play in counseling

⁹³*The Budget of the United States Government, Fiscal Year 1994.*

⁹⁴Federal Research in Progress computer search.

⁹⁵From testimony by Dr. Duane Alexander, Director of NICHD, before the House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies, part 3, March 24, 1993, page 529.

⁹⁶*Prevention '89/'90*, a Public Health Service publication.

⁹⁷*The Budget of the United States Government, FY 1994.*

⁹⁸*ASSIST Program Guidelines for Tobacco-Free Communities*, October 1991. Produced by the American Cancer Society and the National Cancer Institute.

their clients with anti-smoking messages.⁹⁹ Two ways the office has expanded its efforts in the federal tobacco-control effort beyond traditional means are OCC's co-production with the American Lung Association of an anti-smoking brochure geared towards blacks, and OCC's work with the NCI's Office on Smoking and Health in development of public service messages.

Cancer Prevention and Control Division (CPCD)

Though the Office of Cancer Communications has intensified its role in the federal tobacco control program in recent years, the division within NCI with the most sustained level of activity on this issue is the CPCD. The major emphasis of this division is research related to cancer control and early detection, but CPCD is also in charge of overseeing the Cancer Control Science Program and its Smoking and Tobacco Control Program.

The Cancer Control Science Program is designed to: "...identify, test, and disseminate cancer prevention interventions on individual behavior and/or health care system factors that affect current cancer rates."¹⁰⁰ In addition, it supports the NCI's Smoking and Tobacco Control Program and provides the critical link to the entire NCI tobacco control effort.

Smoking and Tobacco Control Program (STCP)

At the base of NCI's organizational structure is a program that continues to launch the largest tobacco control efforts in the history of the country -- the STCP office. The Director of this program is the only NCI member to serve on the Interagency Committee on Smoking and Health, and wields tremendous influence within NCI and the entire federal tobacco control effort.

Two programs within this office reflect the comprehensive and costly nature of federal tobacco control. The first, the Community Intervention Trial for Smoking Cessation (COMMIT) was initiated in 1986, and became the: "...largest intervention research program in smoking prevention and cessation in the world."¹⁰¹ COMMIT's total costs were estimated to exceed \$42 million over eight years. Examples of printed materials developed through COMMIT include: *Working with Unions to Reduce Cigarette Smoking and; A Manual for Training Health Care "Influentials."*¹⁰² Aimed at direct, targeted reductions of smoking within specific populations, the COMMIT program was initiated in 1986 and completed its activities at the end of 1993. Data analysis from this initiative is currently underway, and therefore merits continued inclusion in the tobacco control hierarchy. By the time of its conclusion, an estimated 10 million people were to have been reached by the program. Clearly, the information and experiences gathered during this seven-year program will be invaluable to the tobacco control movement.

The second major tobacco control program under way within STCP is the American Stop Smoking Intervention Study for Cancer Prevention (ASSIST). ASSIST works with "...state health departments and other public and private organizations, to develop comprehensive tobacco use control programs in 17 states."¹⁰³ Initiated in 1991, ASSIST is a 7-year, \$165-million joint effort between the NCI and the American Cancer Society -- which committed to another \$30 million in funding and coordination of 800,000 volunteers for the project. The quantifiable goal of the program is to reduce smoking prevalence in the 17 selected sites by 43 percent from 1985 levels.¹⁰⁴ Additional goals include:

⁹⁹"National Programs in Smoking Cessation," *Clinics in Chest Medicine*, December 1991.

¹⁰⁰*Ibid.*

¹⁰¹*Prevention '89/'90*, a Public Health Service publication.

¹⁰² *ASSIST Program Guidelines for Tobacco-Free Communities*, October 1991. Produced by the American Cancer Society and the National Cancer Institute.

¹⁰³*Ibid.*

¹⁰⁴*Ibid.*

- ☐ [E]limination of environmental tobacco smoke in all areas where others may face involuntary exposure...;
- ☐ [E]limination of all tobacco product advertising and promotion, other than point-of-sale price and objective product information advertising...;
- ☐ [T]he reduction in access and availability of tobacco products, particularly to persons under the legal age of purchase; and
- ☐ [T]o reduce consumption of cigarettes and other tobacco products through price increases using increased taxes and other costs imposed on tobacco products.¹⁰⁵

ASSIST provides comprehensive strategic planning support for tobacco control programs in all 17 states involved with the program, establishes the formal structure for data collection and analysis, and even advises participating organizations how to pursue media advocacy programs.¹⁰⁶

When completed, ASSIST will be the largest tobacco control program of its kind in history, reaching tens of millions of Americans. Reportedly, monies will also be used to pay for media efforts designed to increase public awareness about the health risks of smoking, enhanced counseling services and major programs aimed at changing public policy toward tobacco consumption.

Costs for this project exceed anything ever before contemplated by NCI or STCP -- a 1992 Congress Business Daily computer search of federal awards was determined that the award for the National Coordinating Center alone totaled more than \$15 million.

National Institute of Dental Research (NIDR)

The NIDR "...is concerned with improving the oral health" of Americans.¹⁰⁷ The agency's estimated budget for FY 1994 totals \$163 million, making it one of the smallest institutes under the NIH federation.¹⁰⁸

NIDR tobacco control activities include working with NCI to, "...impress on the major league baseball players that chewing tobacco is really not good for anything...[and sending] educational material...to almost a million young people [many of whom are involved with Little League baseball] regarding the dangers of using both chewing tobacco and snuff."¹⁰⁹ NIDR's modest research grant portfolio focuses largely upon the health issues surrounding smokeless tobacco consumption.

¹⁰⁵Ibid.

¹⁰⁶Ibid.

¹⁰⁷*Prevention '89/'90*, a Public Health Service publication.

¹⁰⁸*The Budget of the United States Government, Fiscal Year 1994*.

¹⁰⁹From testimony by Dr. Harold Loe, Director of NIDR, before the House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies, part 3, March 30, 1993.

National Institute on Drug Abuse (NIDA)

Formerly part of ADAMHA's Center for Substance Abuse and Prevention, NIDA became a separate institute in 1993 when ADAMHA was replaced by SAMHSA. NIDA's tobacco control efforts have focused upon the "behavioral aspects of tobacco use, particularly the addiction to and dependence on cigarette smoking. Research sponsored by NIDA has included a focus on the role of nicotine in establishing and maintaining smoking behavior, the effects of nicotine on withdrawal symptoms, and the development of more effective techniques for modifying or preventing smoking behavior."¹¹⁰ NIDA's Director has also stated that the Institute, "...supported fundamental research which defined the addictive properties of nicotine and conducted preliminary studies of the value of nicotine replacement therapy as a conceptual approach...[and] also partially supported the development of the nicotine transdermal delivery system (nicotine patch) as an aid to cessation of smoking through the [SBIR] mechanism."¹¹¹ NIDA's FY 1994 estimated budget is \$407 million.¹¹²

Clinical Research Division

This office within NIDA advances the agency's research efforts and is home to the Associate Director for Medical and Professional Affairs, who serves on the Interagency Committee on Smoking and Health. The agency is funding more than \$13 million in tobacco control research grants as of mid-1994.¹¹³ Examples of recent grant awards include \$103,737 for "Methods to Prevent Post-Smoking Cessation Weight Gain," \$74,500 for "Acceptability of Nicotine Spray for Smoking Cessation," \$596,228 for "Stop Smoking Treatment for Drug and Alcohol Abuse Inpatients," \$240,000 for "Treatment of Smokeless Tobacco Users," and \$368,774 for "Maintaining Nonsmoking."¹¹⁴

Addiction Research Center

The Addiction Research Center's role in tobacco control relates to researching the addictive nature of nicotine. While no specific budgetary figures for the Center are available at this time, it is clear that this division is important to the overall federal tobacco control effort, particularly now that the public health system treats tobacco as an addictive drug.

National Institute of Environmental Health Sciences (NIEHS)

The NIEHS, "...supports research, training, information dissemination, and other programs with respect to factors in the environment that affect human health, directly or indirectly."¹¹⁵ The estimated budget for FY 1994 exceeds \$261 million.

NIEHS' support for tobacco control initiatives is different from other NIH divisions in that it does not develop cessation techniques or target populations for interventions. Rather, they providing funding for environmental tobacco smoke (ETS) research which, no doubt, is used to advance tobacco control goals. Current funding for such research studies totals \$1.8 million.¹¹⁶ The agency sponsored more than \$7.4 million in tobacco-related research grants during the 1991-1992 funding years.

¹¹⁰"National Programs for Smoking Cessation," *Clinics in Chest Medicine*, December 1991.

¹¹¹From testimony by Dr. Richard Millstein, Director of NIDA, before the House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies, part 3, March 26, 1993, page 394.

¹¹²*The Budget of the United States Government, Fiscal Year 1994.*

¹¹³Federal Research in Progress computer search, 1994.

¹¹⁴*Ibid.*

¹¹⁵*Prevention '89/'90*, a Public Health Service publication.

¹¹⁶Federal Research in Progress computer search, 1994.

National Institute of Nursing Research (NINR)

With an FY 1994 budget estimate of only \$48.9 million, the NINR is the smallest of all NIH divisions with interests in tobacco control.¹¹⁷ NINR was and continues to be the vehicle through which HHS and the Public Health Service educate the nursing community about the health risks of tobacco. Their efforts are designed both to initiate a smoke-free nursing profession and then to encourage nurses to advocate smoking cessation with patients.

Like NIEHS, the only publicly-disclosed tobacco control activities of a quantifiable nature are the institute's funds dedicated to research grants. At the time this report was completed, no fewer than seven (7) tobacco control grants totaling more than \$1.8 million were being funded by NINR -- among them: \$425,516 for "Behaviors and Cognitions for Resisting the Urge to Smoke," \$307,343 for "Nursing Intervention to Reduce Coronary Risk Factors," and a grant dedicated to "Initiation and Maintenance of Tobacco Use in Rural Youth."¹¹⁸

National Center for Research Resources (NCRR)

According to a description in the FY 1992 *Budget of the U.S. Government*, the NCRR supports "specialized transdisciplinary research resources in non-federal research institutions." Such assistance includes clinical resource funding and facilities for the conduct of research projects -- including specialized facilities for nonhuman primates used as models for human diseases.¹¹⁹ NCRR's FY 1994 estimated budget is \$327 million.¹²⁰

The Center had funded at least 11 tobacco control grants in 1994 that were still underway by mid-year. Grants included "Effects of Nicotine on Sleep," and "Tobacco Use in Films."¹²¹ During the 1991-1992 funding years, such grants totaled at least \$2.19 million.

National Institute of General Medical Sciences (NIGMS)

"[NIGMS]...supports basis research that increases...understanding of life processes and leads to an array of medical and technological applications...[R]esearch is not targeted to specific diseases or disorders; its impact is far broader, and has significance for the mission-oriented activities of each and every one of the other institutes that comprise NIH."¹²² The institute's FY 1994 budget estimate exceeds \$848 million.¹²³

While many of this institute's tobacco-related activities cannot be fully determined from public records, and are likely quite limited, NIGMS did fund at least two tobacco control research projects during 1994.¹²⁴

¹¹⁷*The Budget of the United States, Fiscal Year 1994.*

¹¹⁸Federal Research in Progress, 1994.

¹¹⁹From testimony by Dr. Judith L. Vaitukaitis, Director of the National Center for Research Resources, before the House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies, part 3, March 26, 1993, page 644.

¹²⁰*The Budget of the United States Government, FY 1994.*

¹²¹*Federal Research in Progress, 1994.*

¹²²From testimony by Dr. Ruth Kirschenstein, Director of the National Institute of General Medical Sciences, before the House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies, part 3, March 26, 1993, page 1216.

¹²³*The Budget of the United States Government, Fiscal 1994.*

¹²⁴*Ibid* at 120.

APPENDIX 1

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